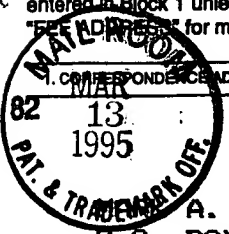


PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.



1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
A. HAYNES P.O. BOX 371436 MONTARA, CA 94037		INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code	
E5M1/1228		<input type="checkbox"/> Check if additional changes are on reverse side	

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/086,014	07/02/93	034	HEARTNEY, P. 2501	12/28/94

First Named Applicant	RUSSELL
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TITLE: PROBE HAVING OPTICAL FIBER FOR Laterally DIRECTING LASER BEAM

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2 LSCP1022MAH	385-031.000	H46	UTILITY	YES	\$605.00	03/28/95

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
Haynes & Davis 2180 Sand Hill Road, Suite 310 Menlo Park, CA 94025-6935	1 Haynes & Davis 2 3

MM11178 03/15/95 08086014 12-0577-110 242 605.00CH	DO NOT USE THIS SPACE
MM11179 03/15/95 08086014 12-0577-110 561 30.00CH	

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies	
(1) NAME OF ASSIGNEE Laserscope	(2) ADDRESS: (CITY & STATE OR COUNTRY) San Jose, CA	6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 12-0577 (ENCLOSE PART C) <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 10 <input type="checkbox"/> Any Deficiencies in Enclosed Fees	
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) David J. Weitz (Date) 3/8/95 David J. Weitz Reg No. 38,362	
		NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE